

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: B046068	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 02/17/2020
NAME OF PROVIDER OR SUPPLIER SPARKLING FOUNTAIN HOMES		STREET ADDRESS, CITY, STATE, ZIP CODE 8525 SWITZER RD OVERLAND PARK, KS 66214		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS The following citations represent the findings of an abbreviated survey with complaint (#144321 and #144328) at the above named home plus facility on 2-17-2020.	S 000		
S5028 SS=E	26-42-101 (f) (3) Staff Treatment of Residents Reporting (f) (3) Each allegation of abuse, neglect, or exploitation shall be reported to the administrator or operator of the home as soon as staff is aware of the allegation and to the department within 24 hours. The administrator or operator shall ensure that all of the following requirements are met: (A) An investigation shall be started when the administrator or operator, or the designee, receives notification of an alleged violation. (B) Immediate measures shall be taken to prevent further potential abuse, neglect, or exploitation while the investigation is in progress. (C) Each alleged violation shall be thoroughly investigated within five working days of the initial report. Results of the investigation shall be reported to the administrator or operator. (D) Appropriate corrective action shall be taken if the alleged violation is verified. (E) The department ' s complaint investigation report shall be completed and submitted to the department within five working days of the initial report. (F) A written record shall be maintained of each investigation of reported abuse, neglect, or exploitation. This REQUIREMENT is not met as evidenced by:	S5028		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5028	Continued From page 1 KAR 26--42-101(f)(3)(E) The facility reported a census of 4 residents. The sample included 2 residents and 1 closed record review. Based on interview and record review the operator failed to ensure after an allegation of abuse, neglect, or exploitation was reported to the department, the operator completed the departments complaint investigation and submitted it to the department within five working days of the initial report for 2 (#218 and #219) of 3 resident record reviews. Findings included: - Review of resident #218's medical record revealed an admission dated of 4-16-2019 with diagnoses of alzheimers dementia, chronic kidney disease and chronic obstructive pulmonary disease. Review of the resident's functional capacity screen dated 5-6-2019 revealed the resident required physical assistance with activities of daily living including bathing. The resident had a cognitive score of 3 indicating cognitive impairment and also had difficulty with communication at times. Review of the residents negotiated service agreement (undated) revealed staff needed to provide the resident moderate assistance with AM and PM dressing. The resident also required frequent reminders and cueing and had periods of confusion. Review of the nurses notes revealed an incident where the resident had told an outside provider that a staff member had hit the resident. The nurses notes included investigation information	S5028		

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S5028	Continued From page 2 regarding the situation. Review of the investigation completed by licensed nursing staff B included a statement from the resident's private sitter regarding the alleged incident and revealed the facility staff did not hit the resident. During an interview on 2-17-2020 at 10:45 AM licensed nursing staff B reported she did send the investigation that she had completed to the department but did not use the appropriate forms or include the alleged perpetrator information. - Review of resident # 219's medical record revealed the resident admitted to the facility on 7-1-2019 with diagnoses of dementia and osteoarthritis. Review of the residents functional capacity screen dated 10-25-2019 revealed the resident needed physical assistance with activities of daily living, had impaired cognition and at risk for falls. Review of the resident's negotiated service agreement dated 10-26-2019 revealed staff provided moderate assistance with activities of daily living and the resident used a wheelchair for mobility. Review of the resident's nurses notes revealed she had a fall on 1-20-19 the resident fell in her room and was not using her walker. The resident went to the hospital and she had a fractured hip. During an interview on 2-17-2020 at 10:48 AM licensed nursing staff B reported she knew she needed to call in the fall because the resident had a fracture but did not know she needed to send in	S5028		

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S5028	Continued From page 3 a report to the state department. Based on record review and interview the operator failed to ensure the completion of the departments complaint investigation and failed to submitted it to the department within five working days of the initial report for 2 (#217 and #218) of 3 resident record reviews.	S5028		